

**Budget Form #15**  
(Up-dated 06)

**Revised Budget Request**

**SAFE AND DRUG-FREE SCHOOLS**  
**Revised Budget Request**

**School District/Region** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

*Please complete columns for any budget categories being changed*

Category	Budget		Amount changed		Revised Budget total	
	State	Federal	State Plus or minus	Federal Plus or minus	State	Federal
1 Staff						
2 Intervention						
3 Curriculum,						
4 Non-Curricular						
5 Peer Delivered						
6 Special Events						
9 Staff Development						
10 Operational Expenses						
11 Parent/Community						
Other: Alternative/Private/ Charter Schools – Juvenile Cr.						
TOTAL						

**Reason/Explanation:** (Include how this meets needs assessment and goals/objectives and risk and protective factors. If more space is needed, please attach an additional page.)

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**Approved:** ☐

**Not Approved:** ☐

\_\_\_\_\_  
SDFS Office Signature

**Date:** \_\_\_\_\_

**Fax or Mail to:**

**Claudia Hasselquist, Coordinator**  
**Safe and Drug-Free Schools**  
**State Department of Education**  
**P. O. Box 83720, Boise, ID 83720-0027**  
**208-332-6960 Fax: 208-334-2229**  
**<http://www.sde.state.id.us/Safe/Grants/>**